State of Arizona Substitute W-9 & Vendor Authorization Form



Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

2. You are a V.S. person (including a resident alien);

2. You are a vendor that provides goods or services to an Arizona state agency; AND

3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.



	S instructions at <u>www.irs.gov</u> for details on completing this form.		
Type of Request (Must select at least ONE)	Tax ID Legal Name Entity Type Minority Business Ir	dicator	
C New Request (Additional Mail Code)	Change (Select the type(s) of change from the following: Main Address Remittance Address Contact Information		
Taxpayer Identification Number (TIN) (Pro	ovide ONE Only)		
Social Security Number (SSN)	OR Federal Employer Identification Number (FEIN)		
© Entity Name Must Provide Legal Name (*Mus	st match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)		
Legal Name*			
Entity Type Must Select One of the Following ((Coding (X#) is for Internal Purposes Only)		
Individual/Sole Proprietor or Sole Proprietor organized	d as LLC, PLLC (6I) (State of Arizona employee (1E) STATE HRIS EIN		
Corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)			
Corporation providing health care, medical or legal services (5M) LLC, PLLC organized as corporation providing health care, medical or legal services (5M)			
Partnership, LLP or Partnership organized as LLC or PLL	LC (5C) A state, a possession of the US, or any of their political subdivisions or instrumentalities	4G)	
An international organization or any of its agencies/ins	strumentalities (5U) C Other: Tax Reportable Entity (5P)		
The US or any or its political subdivisions or instrument	talities (2G) Other: Tax Exempt Entity (5H)		
Minority Business Indicator Must select one			
Small Business (01) Small Business- African American (23)	Small, Woman Owned Business- Hispanic (31) C Minority Owned Business- African American Small, Woman Owned Business- Native American (32) Minority Owned Business- Asian (32)	(04)	
Small Business- Asian (24)	Small, Woman Owned Business- Native Attendant (33) (Minority Owned Business- Hispanic (74)		
C Small Business - Hispanic (25)		(15)	
Small Business- Native American (27) Small Business- Other Minority (05)	Woman Owned Business- African American (17) Minority Owned Business- Other Minority (0 Woman Owned Business- Asian (18) Non-Profit, IRC §501(c) (88)	2) .	
Small, Woman Owned Business (06)	(19) Non-Small, Non-Minority or Non-Woman Own	ed	
Small, Woman Owned Business- African American (29 Small, Woman Owned Business- Asian (30)	(9) (Woman Owned Business- Native American (21) Business (00) (Woman Owned Business- Other Minority (08) (Individual, Non-Business (00)		
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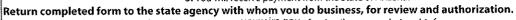
Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer Purpose: identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

COMPLETE STARED AREAS
Instructions: Complete form if

1. You are a U.S. person (including a resident alien);

2. You are a vendor that provides goods or services to an Arizona state agency; AND

3. You will receive payment from the State of Arizona.



See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.



	Tax ID Legal Name Entity Type Minority Business Indicator		
New Request New Location Change (Select the type) Change from the following			
Taxpayer Identification Number (TIN) (Provide ONE Only)	<u></u>		
Social Security Number (SSN) - OR Feder	al Employer Identification Number (FEIN)		
© Entity Name Must Provide Legal Name (*Must match SSN or FEIN give	n. If Individual or Sole Proprietorship enter First, Middle, Last Name.)		
Legal Name*			
Entity Type Must Select One of the Following (Coding (X#) is for Interna	l Purposes Only)		
(Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (61) State	of Arizona employee (1E) STATE HRIS EIN		
Corporation NOT providing health care, medical or legal services (5A) CLLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)			
Corporation providing health care, medical or legal services (5M) LLC, PLLC organized as corporation providing health care, medical or legal services (5M)			
Partnership, LLP or Partnership organized as LLC or PLLC (5C) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)			
An international organization or any of its agencies/instrumentalities (5U) Cothe	r; Tax Reportable Entity (5P) Description		
The US or any or its political subdivisions or instrumentalities (2G)	r: Tax Exempt Entity (5H)		
Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)			
Small Business- Asian (24) Small Business - Hispanic (25) Small Business - Hispanic (25) Small Business- Native American (27) Small Business- Other Minority (05) Woman Owned Busines Small, Woman Owned Business (06) Woman Owned Busines Small, Woman Owned Business- African American (29) Woman Owned Busines Small, Woman Owned Business- Asian (30) Woman Owned Busines Small, Woman Owned Business- Asian (30) Woman Owned Busines Main Address Where tax information and general correspondence is to be mailed DBA\Branch\Location	Business- Native American (33) Minority Owned Business- Asian (32) Business- Other Minority (11) Minority Owned Business- Hispanic (74) Siss (03) Minority Owned Business- Native American (15) Siss- African American (17) Minority Owned Business- Other Minority (02) Siss- Asian (18) Non-Profit, IRC §501(c) (88) Siss- Hispanic (19) Non-Small, Non-Minority or Non-Woman Owned Siss- Native American (21) Business (00) Siss- Other Minority (08) Individual, Non-Business (00)		
Vendor Contact Information Name Phone # Ext. Fax	Title		
Phone # Ext. Fax Certification Exempt from backup withholding Under Penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a i 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer st 3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest individual retirement arrangement (IRA), and generally, payments other than interest and dividends, y The Internal Revenue Service does not require your consent to any provision of the	Title Email number to be issued to me) AND nave not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a libject to backup withholding AND ut are currently subject to backup withholding because you have failed to report all interest and t paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an you are not required to sign the Certification, but you must provide your correct TIN. Is document other than the certification required to avoid backup withholding.		
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